RECORD OF INQUIRY FOR BROADCAST TIME BY OFFICE OR ON BEHALF OF

INSTRUCTIONS: This form must be completed by WDAF-TV personnel as to all requests, both oral and written, for broadcast time to be used by or on behalf of a candidate for public office, whether or not the inquiry results in an order being placed. Each completed form must be placed in the Station Public File immediately after it is completed and must be retained in the File for a period of two years.

(1)	Date and time of request:
	Name of person making the request: Brian Domas
(2)	Agency (if any): Victory Enterprises  Address of agency: 5200 30th St 5W
(4)	Address of agency: 5200 30th 54 5W
	Davenport, 1A 52802
(5)	Telephone number of agency: 563-670-5716 × 1105
(6)	Name of candidate: Shane Schoeller
(7)	If sponsor is a Committee, name of Committee:
	Schoeller for Missouri
(8)	Address of Committee: P.O. Box 746
	Willard, MO 65781
	Email Address:
(9)	Telephone number of Committee: 417-893-0008
(10)	Committee officers:Chairman/Manager
	Vice Chairman
	Paul Curtman
	Treasurer
(11)	Is it the candidate's authorized Committee? Yes or No
(12)	Political Party of candidate: Republican

(13)	Office for which candidate is running: Missouri Secretary of State
` '	(check one)
(14)	(Check one)
	Federal Office State Office Local Office
, a sert	Election for which candidate is campaigning:
(15)	
(16)	Date of election: Primary: General:
(17)	Programs or times requested: <u>Foll set of avails</u>
(18)	Dates requested: 79-87/17
(19)	Length of spot / program time requested:
(20)	Request made: In writing Orally (Check one: If in writing, attach and retain)
(21)	Station offer: <u>Sout suite</u> coul
(22)	Disposition of request: Granted Not Granted (Check one. If not granted, state reason or reasons in space below. If denied in writing, attach and retain. If granted, attach contract and invoice, when available)
(23)	Request for documentation that candidate is legally qualified:
	Yes No (Attach any written documentation received)
(24)	Torm submitted to requestor:
Comm	ents (if any)
Comm	
	7/2/12 WOAF Signature of Person receiving request on behalf of station
COPY	TO: STATION PUBLIC FILE